

August 19, 2005

VIA FACSIMILE
RS Medical
Attn: Joe Basham

VIA FACSIMILE
Hartford Insurance Company of the Midwest c/o Hartford Financial Services
Attn: Barbara Sachse

NOTICE OF INDEPENDENT REVIEW DECISION
Amended Determination 8/19/05

RE: MDR Tracking #: M2-05-2108-01
TWCC #:
Injured Employee:
Requestor: RS Medical
Respondent: Hartford Insurance Company of the Midwest c/o Hartford Financial Services
MAXIMUS Case #: TW05-0161

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in orthopedic surgery and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on _____. The patient is under care for the management of myofascial pain syndrome and left wrist tenosynovitis. She had a trial of RS4i sequential stimulator and reported increased function and decreased pain. The purchase of an RS4i sequential stimulator has been recommended for further treatment of this patient's condition.

Requested Services

Purchase of an RS4i sequential four-channel combination interferential and muscle stimulator.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Prescription and Statements of Medical Necessity – 2/17/05, 4/16/05
2. Letter of Medical Necessity – 4/28/05
3. Physician note – 4/28/05
4. Letter from Patient – 7/14/05
5. RS Medical Patient Usage Reports – 2/17/05-6/1/05

Documents Submitted by Respondent:

1. Case Management Notes - 4/21/05-6/28/05
2. Review Determinations – 5/9/05, 5/17/05
3. Request for Authorization – 5/5/05
4. Prescription and Statement of Medical Necessity – 4/16/05
5. Letter of Medical Necessity – 4/28/05
6. Physician note – 4/28/05
7. Denial of Preauthorization Letter – 5/13/05

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

MAXIMUS CHDR physician consultant indicated the patient was diagnosed with myofascial pain syndrome and left wrist tenosynovitis. MAXIMUS CHDR physician consultant noted she temporarily used a RS4i neuromuscular stimulator with some success. MAXIMUS CHDR physician consultant explained her treating physician reports that he has been successful in treating myofascial pain syndromes with RS4i units, but he does not delineate any other modalities he has tried on this patient prior to prescribing the RS4i unit. MAXIMUS CHDR physician consultant also indicated analgesics, anti-inflammatories, immobilization and physical therapy are commonly used and in most instances result in relief of pain from myofascial pain syndromes and wrist tenosynovitis.

The MAXIMUS physician reviewer also noted that there are some claims that individuals claim that interferential stimulation is effective in reducing pain and use of pain medication, edema and inflammation, healing time, range of motion, activity levels and quality of life. The MAXIMUS physician reviewer explained there are very few well-designed studies, such as randomized, double blind, controlled clinical trials, which support such claims. The MAXIMUS physician reviewer indicated that Low in 1988 reported that in spite of wide spread agreement among physiotherapists that interferential stimulation decreases pain effects, there was a lack of objective investigations documenting an analgesic effect. The MAXIMUS physician reviewer

also explained that Low suggested that the therapeutic and physiologic effects of interferential currents require further investigation. The MAXIMUS physician reviewer indicated that Goats in 1990 supported Low's suggestion and reported that evidence supporting use of interferential stimulation in the control of pain and edema appeared to be mainly anecdotal. The MAXIMUS physician reviewer also explained Reitman and Esses in 1995 noted that there were no controlled studies proving the effectiveness of interferential stimulation. The MAXIMUS physician reviewer noted that that in a randomized placebo-controlled study, Van Der Heijden in 1999 evaluated the effectiveness of interferential stimulation and compared it to pulse ultrasound as adjuvant to exercise therapy for soft tissue shoulder disorders. The MAXIMUS physician reviewer also noted the study concluded that neither interferential therapy nor ultrasound proved to be effective as an adjuvant to exercise therapy for soft tissue shoulder disorders. The MAXIMUS physician reviewer explained there is insufficient evidence to support the benefit of interferential therapy such as the RS4i unit for treatment of patients with musculoskeletal or neurologic injuries. (Low JL. Shortwave diathermy, microwave, ultrasound and interferential therapy. In: Pain Management in Physical Therapy. RE Wells, et al., eds. Stamford, CT: Appleton & Lange; 1988; Ch. 11:113-168. Goats GC. Interferential current therapy. Br. J Sports Med. 1990; 24(2): 87-92. Reitman C, Esses SI. Conservative options in the management of spinal cord disorders, Part I. Bed rest, mechanical and energy-transfer therapies. Am J Orthop. 1995;24(2):109-116. Van Der Heijden GJ, Leffers P, Wolters PJ, et al. No effect of bipolar interferential electrotherapy and pulsed ultrasound for soft tissue shoulder disorders: A randomized controlled trial. Ann Rheum Dis. 1999;58(9):530-540.)

Therefore, the MAXIMUS physician consultant concluded that requested Purchase of an RS4i sequential four-channel combination interferential and muscle stimulator is not medically necessary for treatment of this patient's condition.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744

Fax: 512-804-4011

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department

cc: Texas Workers Compensation Commission

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 19th day of August 2005.

Signature of IRO Employee: _____
External Appeals Department